

# IMED, INC.

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## Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**12/4/2015**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

**Lumbar Laminectomy Discectomy\_\_**

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified Neurosurgeon

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who reported an injury to her low back. The functional capacity evaluation dated 06/04/15 indicates the patient rating the low back pain as 4/10. The patient reported a medium physical demand level requirement associated with her occupation. The note indicates the patient performed a sedentary light physical demand level. The note also indicates the patient's validity was confirmed throughout the test. The MRI of the lumbar spine dated 12/10/14 indicates the patient showing a right sided lateral recess disc extrusion measuring 15mm at the L3-4 level. Moderate to severe right and mild left lateral recess narrowing was identified. A moderate 4mm left sided paracentral focal disc protrusion was identified at L5-S1 with an annular fissure. Moderate left sided lateral recess narrowing was identified with contact of the descending left L5 nerve root. The clinical note dated 06/05/15 indicates the initial injury occurred when the patient tried to close a heavy door of a walk-in freezer and twisted her low back. The patient

rated the pain as 9/10 at that time. Upon exam, decreased range of motion was identified in all planes throughout the lumbar region. Muscle spasms were identified along the paraspinal musculature. No reflex or sensation deficits were identified. The patient was able to demonstrate normal strength throughout the lower extremities. The note indicates the patient utilizing Tramadol for pain relief. The clinical note dated 06/22/15 indicates the patient reporting no strength deficits. Intermittent radiating pain was identified into both lower extremities. Intermittent numbness was also identified. Upon exam, the patient was able to demonstrate normal range of motion throughout the lumbar spine. The patient was also able to demonstrate 5/5 strength. No reflex changes were identified. The clinical note dated 08/17/15 indicates the patient continuing with low back complaints. There is an indication the patient had undergone conservative therapy addressing the lumbar region complaints. No significant benefit resulted from the therapeutic interventions. No motor or sensory changes were identified. There is an indication the patient had reflex changes in the upper extremities as well as the ankles at that time. The patient had been recommended for a laminectomy and discectomy at L3-4 on the right and L4-5 on the left at that time.

The utilization reviews dated 08/25/15 and 10/12/15 resulted in denials as the patient presented with an essentially normal neurologic examination and no radiculopathy was identified upon exam.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The documentation indicates the patient complaining of low back pain with associated reflex changes identified at both ankles. A discectomy and laminectomy are indicated in the lumbar region provided the patient meets specific criteria to include significant findings consistent with radiculopathy identified by clinical exam and the patient has fully exhausted all conservative treatments. There is an indication the patient has reflex deficits in both ankles. However, no information was submitted confirming the medical necessity of a 2 level procedure. No information was submitted regarding any additional neurologic deficits manifested by motor or sensation changes. Furthermore, no information was submitted regarding any additional reflex changes identified at the knees. There is an indication the patient has undergone conservative therapy in the past. However, no information was submitted regarding the patient's previous injection therapy addressing the lumbar complaints. Given the lack of supporting data confirming the presence of radiculopathy in the appropriate distributions and taking into account the 2 level request involving the L3-4 and L4-5 levels with no supporting clinical findings, as well as the lack of information regarding the patient's injection therapy, the request is not indicated. As such, it is the opinion of this reviewer that the request for a lumbar laminectomy and discectomy at L3-4 and L4-5 is not recommended as medically necessary.

## **IRO REVIEWER REPORT TEMPLATE -WC**

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Discectomy/ laminectomy

ODG Indications for Surgery -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

A. L3 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps weakness
3. Unilateral hip/thigh/knee pain

B. L4 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
3. Unilateral hip/thigh/knee/medial pain

C. L5 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
2. Mild-to-moderate foot/toe/dorsiflexor weakness
3. Unilateral hip/lateral thigh/knee pain

D. S1 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

1. MR imaging
2. CT scanning
3. Myelography
4. CT myelography & X-Ray

III. Conservative Treatments, requiring ALL of the following:

- A. Activity modification (not bed rest) after patient education ( $\geq 2$  months)
- B. Drug therapy, requiring at least ONE of the following:
  - 1. NSAID drug therapy
  - 2. Other analgesic therapy
  - 3. Muscle relaxants
  - 4. Epidural Steroid Injection (ESI)
- C. Support provider referral, requiring at least ONE of the following (in order of priority):
  - 1. Physical therapy (teach home exercise/stretching)
  - 2. Manual therapy (chiropractor or massage therapist)
  - 3. Psychological screening that could affect surgical outcome
  - 4. Back school (Fisher, 2004)

For average hospital LOS after criteria are met, see Hospital length of stay (LOS).

